

## Complaint Reporting Quarterly Report (ACS02) Instructions

### Purpose:

As required by 10A NCAC 27G.0609, Area Authorities/County Programs (AA/CP) or Local Management Entities (LMEs) must report on complaints made to them no less than quarterly to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS). By analyzing the quarterly reports AA/CP or LMEs, consumers, the public and DMH/DD/SAS stakeholders will be able to assess patterns to help support efforts to improve the quality of care delivered.

### Who Must Submit the form:

AA/CPs or LMEs must submit a report reviewing complaints as required by 10A NCAC 27G.0609.

### What to File:

All of the information in the prepared form must be submitted by the local AA/CP or LME. The data should include all complaints including those made on behalf of clients and complaints not related to clients. The information requested on the form falls into two categories:

- Number of complaints in total, with summary totals by complaint type, age, disability, and origin of the complaint.
- Examples of how the AA/CP or LME is using the complaint information to monitor and manage the quality of care being provided and to conduct client rights investigations.

### When to File:

Since many complaints result in an investigation or provider monitoring, there is a 4 month delay in reporting in order to obtain the outcome/resolution information for each complaint. Follow the schedule listed below:

### Information On Complaints Is Due (each year):

Quarter	Data Collection Period	Report Due to DMH/DD/SAS	Performance Contract Quarterly Report
1 <sup>st</sup> - July, August and September	July 1 to September 30	February 20	May
2 <sup>nd</sup> - October, November, and December	October 1 to December 31	May 20	August
3 <sup>rd</sup> - January, February and March	January 1 to March 31	August 20	November
4 <sup>th</sup> - April, May and June	April 1 to June 30	November 20	February

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### Table for Reporting Complaints/Concerns

<b>Reporting Category</b>	<b>Definition</b>
Abuse, Neglect and Exploitation	Any allegation regarding the abuse, neglect and/or exploitation of a child or adult as defined in APSM 95-2 (Client Rights Rules in Community Mental Health).
Access to Services	Access to Services as any complaint where an individual is reporting that he/she has not been able to obtain services.
Administrative Issues	Any concerns regarding administrative issues such as Compliance with Rules, Paperwork, Facility-Related (not incident or safety concern)
Authorization/ Payment/Billing	Any complaint regarding the Utilization Review and/or payment/financial arrangement, insurance, and/or billing practices or process, including the service plan submission, utilization management decision, and/or service authorization of services
Basic Needs	Any assistance to a consumer regarding food, shelter, medication, etc
Client Rights	Any allegation regarding the violation of the rights of any consumer of mental health/developmental disabilities/ substance abuse services. Clients Rights include the rights and privileges as defined in General Statutes 122C and APSM 95-2 (Client Rights Rules in Community Mental Health).
Confidentiality/HIPAA	Any breach of a consumer's confidentiality and/or HIPAA regulations.
LME Services	Any complaint regarding the following LME functions: General Administration and Governance, Business Management and Accounting, Information Management Analysis and Support, Access Line, Screening, Triage and Referral, Service Management, Consumer Affairs and Customer Services and Quality Improvement and Outcomes evaluation (as defined in State Plan)
Medication	Any complaint regarding the administration or prescribing of medication, including the wrong time, side effects, overmedication, refills, etc.
Provider Choice	Any complaint that a consumer or legally responsible person was not given information regarding available service providers.
Quality of Care	Any complaint regarding the following: <ul style="list-style-type: none"> <li>• inappropriate and/or inadequate provision of services.</li> <li>• inappropriate or inadequate actions of another person in addressing an issue related to mh/dd/sas.</li> <li>• an incident or safety concerns during the provision of services or at a service site.</li> <li>• the action or behavior of a specific service provider staff or agency.</li> <li>• services, treatment planning process, service plan (Person-Centered Plan) <b><u>and/or</u></b></li> <li>• services not meeting the needs of the consumer(s).</li> </ul>
Other	Any complaint that does not fit the above areas.

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### How to File:

The quarterly report form may be mailed, faxed or sent in electronically from the prepared WORD template or an alternate equivalent electronic format.

**Electronic copies** of the completed form, the WORD template or alternate equivalent, may be emailed to:  
The Customer Service and Community Rights Team  
Email: dmh.advocacy@ncmail.net

**Paper copies** of the completed form may be mailed or faxed to:  
Glenda Stokes or Cindy Koempel  
Customer Service and Community Rights Team  
Advocacy and Customer Service Section  
Division of MH/DD/SAS  
North Carolina Department of Health and Human Services  
3009 Mail Service Center  
Raleigh, NC 27699-3009  
  
FAX: 919-715-3197  
Phone: 919-733-4962

**Direct any questions to:** DMH/DD/SAS Customer Service and Community Rights Team  
Phone: 919-715-3197 Fax: 919-733-4962  
Email: dmh.advocacy@ncmail.net